

BLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2424

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY

Encl # 10  
DPO-2422-59  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				\$2,114.	66
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from _____ to _____		Weight _____	Government B/L No. _____	Total	\$2,114.	66	
I certify that the above bill is correct and just and that payment has not been received. (Sign original only)				(Payee must NOT use this space) Differences _____ Amount verified; correct for _____ (Signature or initials) <i>El</i>		\$2,114	66
Date 3-26-59	* Payee _____	Title _____		Contract No. _____	Date _____	Req. No. _____	Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_  
SIGN ORIGINAL ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above).  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ (Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, must be approved by the Treasurer, Secretary, or Treasurer, as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved by \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_  
Title \_\_\_\_\_

STATOTHR

WEEKLY PURCH DIST 3/15/59

SUPP#	SUPPLIER NAME	MO	DY	CHECK#	INVOICE	P O	ACCT	ODC	MJO	SO	WK	ORDER	AMOUNT	BATCH	TR	M	D Y
171	MONITOR PRODUCTS C	3	11		2358A	3837	12501	1	3032	31			7000	33	0	3	4 9
264	R V WEATHERFORD CO	3	19		10013	7430	12501	1	3032	31			3822	58	0	3	12 9
													10822 *				
													10822 **				

WRLY PURCH DIST 3/15/59

SUPP#	SUPPLIER NAME	MO	BY	CHECK#	INVOICE	P	D	ACCT	ODE	NO	SO	WK	ORDER	AMOUNT	BATCH	TR	M	D	Y
90	HOPKINS ENGINEERING	3	17		530-56	C7721	12501	1	3032	32				20	62	0	3	12	9
171	MONITOR PRODUCTS C	3	11		2359	4835	12501	1	3032	32				14290	33	0	3	4	9
264	R V WEATHERFORD CO	3	19		10015	7429	12501	1	3032	32				2058	58	0	3	12	9
290	RADIO PRODUCTS SAL	3	6		51044	3823	12501	1	3032	32				2295	24	0	3	2	9
424	GODDALL ELECTRIC M	3	6		11889	7432	12501	1	3032	32				771	26	0	3	2	9
424	GODDALL ELECTRIC M	3	6		11890	7431	12501	1	3032	32				1286	26	0	3	2	9
														20680 *					
														20680 **					